

Cervical cancer is highly preventable if precancerous changes are detected and treated before progression occurs. The main cause of cervical cancer, which accounts for approximately 95% of all cases, is sexual exposure to the human papilloma virus (HPV). In 2012, 34 000 new cervical cancers are diagnosed in Europe (IARC, 2012). The 2014-16 Comprehensive Cancer Control Joint Action has the objectives to identify key elements and quality standards for cancer control in Europe in order to reduce incidence by 15% by 2020. Countries follow different policies with regards to the prevention and early diagnosis of cervical cancer. About half of EU countries have cervical cancer screening organised through population-based programmes but the periodicity and target groups vary.

Figure 4.6.1 shows cervical screening rates across European countries around the years 2002 and 2012 for women aged 20-69 years. In 2012 (or nearest year), Austria, Latvia, Germany, Sweden, the United Kingdom, and Norway reported coverage close to 80% of the target population. Whilst overall screening rates across the European Union improved slightly over the past decade, several countries, including France, Switzerland, Finland, Iceland, Luxembourg, Norway, the Netherlands, the Slovak Republic and the United Kingdom witnessed a decline in screening rates between 2002 and 2012. A regional pilot screening program was implemented in Ireland in 2002, so that cervical screening rates are not comparable between 2002 and 2012.

Cancer survival is one of the key measures of the effectiveness of cancer care systems, taking into account both early detection of the disease and the effectiveness of treatment. Figure 4.6.2 shows a small gain in five-year cervical cancer survival in the European Union between 1997-2002 and 2007-12, although gains were not uniform across countries. Of the ten EU member states reporting data in both periods, seven recorded modest gains in survival whereas three countries (Ireland, Finland and Malta) reported a small decline, although the reduction was not statistically significant. Among EU member states, Austria reported the highest rates as well as the highest gain in cervical cancer survival (although not statistically significant), with 67.9% of patients surviving five years after diagnosis.

Mortality rates reflect the effect of cancer care over the past years and the impact of screening, as well as changes in incidence (OECD, 2013). The mortality rates for cervical cancer declined in most European countries between 2000 and 2011, apart from Luxembourg, Greece, Croatia, Estonia, Bulgaria and Latvia (Figure 4.6.3). For some countries such as Lithuania and Romania, mortality rates remain well above the EU average. In Ireland, the increase in age-standardised mortality rates from cervical cancer between 2000 and 2011 is not statistically significant.

Since the development of a vaccine against some HPV types, vaccination programmes have been implemented in most EU countries (ECDC, 2012), although there is an ongoing debate about the impact of the vaccine on cervical cancer screening strategies. By May 2012, 17 of the then 27 EU member states had implemented routine HPV vaccination programmes. In most cases, the vaccination

programmes are financed by national health systems but in some countries including for example Belgium and France, recipients contribute to 25% and 35% of the payment, respectively.

Definitions and comparability

Screening rates for cervical cancer reflect the proportion of women who are eligible for a screening test and actually receive the test. As policies regarding screening periodicity and target population differ across countries, the rates are based on each country's specific policy. Some countries ascertain screening based on surveys and others based on encounter data, which may influence the results. Screening rates reported by member states are calculated from Health Interview Surveys on self-perception around preventive measures, which might correspond to different periods and sample across member states. Survey-based results may also be affected by recall bias. If a country has an organised programme, but women receive a screening outside the programme, rates may also be underreported. Survey data are reported only when programme data are not available.

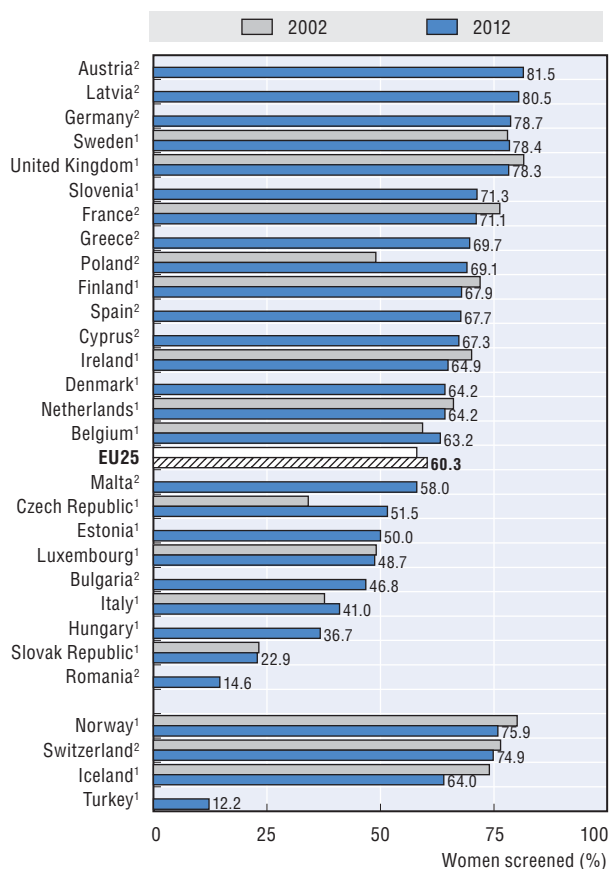
Relative survival reflect the proportion of patients with a certain type of cancer who are still alive after a specified time period (commonly five years) compared to those still alive in absence of the disease. Relative survival captures the excess mortality that can be attributed to the diagnosis. For example, a relative survival of 80% does not mean that 80% of the cancer patients are still alive after five years, but that 80% of the patients that were expected to be alive after five years, given their age at diagnosis and sex, are in fact still alive. All the survival data presented here have been age-standardised using the International Cancer Survival Standard (ICSS) population. Survival is not adjusted for tumour stage at diagnosis, hampering assessment of the relative impact of early detection and better treatment.

See Indicator 1.5 "Mortality from cancer" for definition, source and methodology underlying the cancer mortality rates.

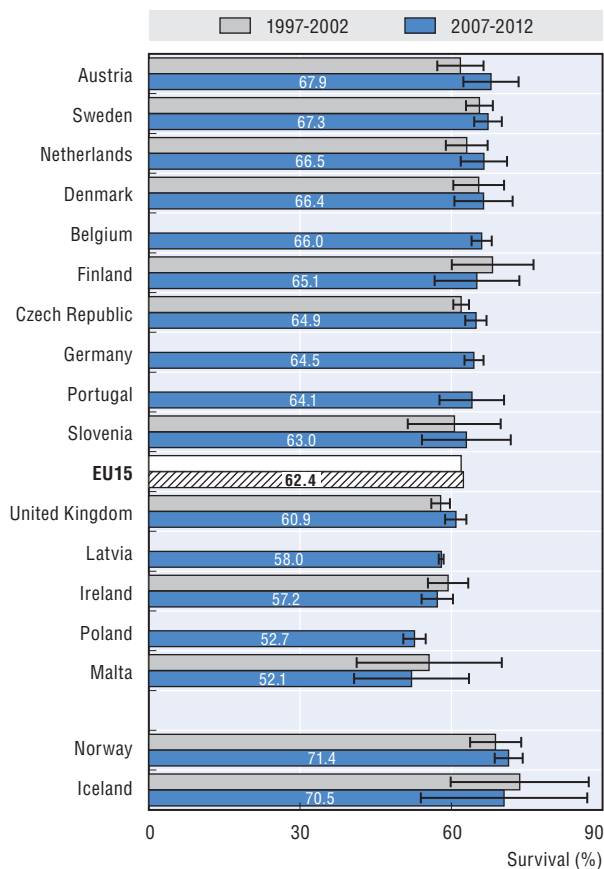
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- IARC – International Agency for Research in Cancer (2012), *GLOBOCAN 2012: Cancer Fact Sheet*, available at: http://globocon.iarc.fr/Pages/fact_sheets_cancer.aspx.
- OECD (2013), *Cancer Care: Assuring Quality to Improve Survival*, OECD Publishing, <http://dx.doi.org/10.1787/9789264181052-en>.

4.6.1. Cervical cancer screening in women aged 20-69, 2002 to 2012 (or nearest year)



4.6.2. Cervical cancer five-year relative survival, 1997-2002 and 2007-12 (or nearest period)



1. Programme.

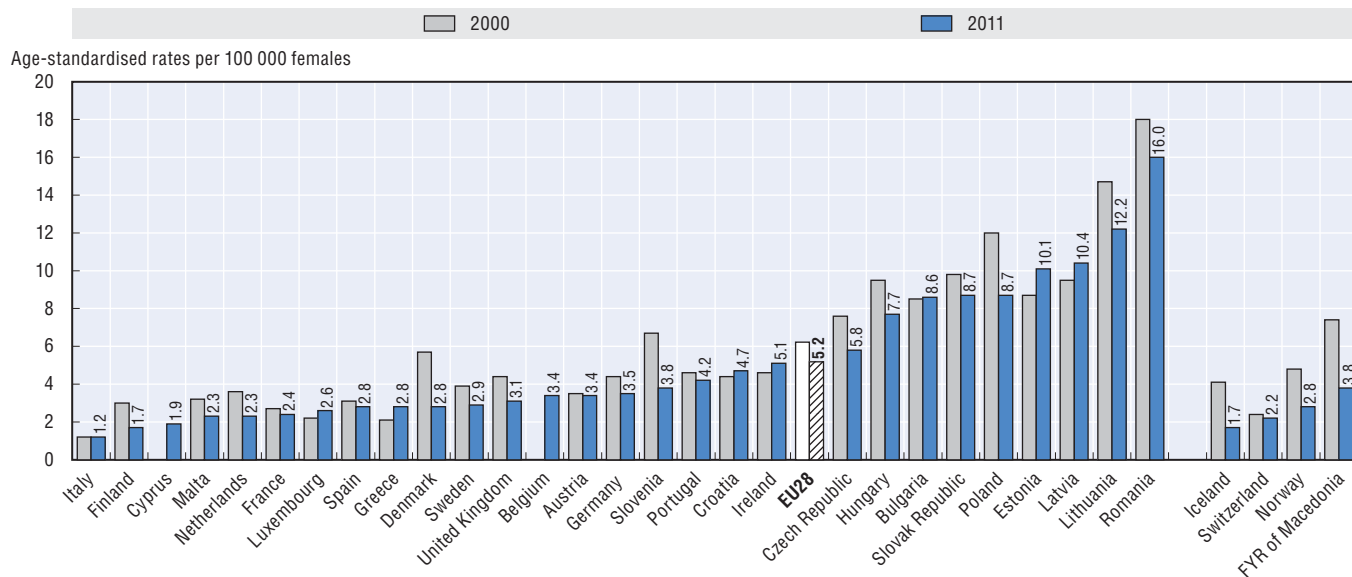
2. Survey.

Source: OECD Health Statistics 2014, <http://dx.doi.org/10.1787/health-data-en> completed with Eurostat Statistics Database 2014 for non-OECD countries.

Note: The 95% confidence intervals represented by H.

Source: OECD Health Statistics 2014, <http://dx.doi.org/10.1787/health-data-en>

4.6.3. Cervical cancer mortality, females, 2000 to 2011



Source: Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888933155713>



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